



**MONTANA
TEACHERS' RETIREMENT SYSTEM**

1500 E 6TH AVE
PO BOX 200139
HELENA MT 59620-0139
406 444-3134

TRS Office Use Only

**BENEFICIARY DESIGNATION ATTACHMENT
ACTIVE MEMBERS ONLY**

ALL REQUESTED INFORMATION MUST BE TYPED OR PRINTED LEGIBLY IN DARK INK.

(Member's Printed Name)

____ - ____ - ____
(Social Security Number)

DESIGNATION OF BENEFICIARY: Please provide all requested information for each beneficiary.

6TH CONTINGENT BENEFICIARY	7TH CONTINGENT BENEFICIARY	8TH CONTINGENT BENEFICIARY
_____ (Designated Beneficiary's Name)	_____ (Designated Beneficiary's Name)	_____ (Designated Beneficiary's Name)
_____ (Social Security Number)	_____ (Social Security Number)	_____ (Social Security Number)
_____ (M/F)	_____ (M/F)	_____ (M/F)
_____ (Relationship to Member)	_____ (Relationship to Member)	_____ (Relationship to Member)
_____ (Date of Birth)	_____ (Date of Birth)	_____ (Date of Birth)
_____ (Mailing Address)	_____ (Mailing Address)	_____ (Mailing Address)
_____ (City)	_____ (City)	_____ (City)
_____ (State)	_____ (State)	_____ (State)
_____ (Zip Code)	_____ (Zip Code)	_____ (Zip Code)
_____ (Area Code & Phone Number)	_____ (Area Code & Phone Number)	_____ (Area Code & Phone Number)

I hereby nominate and appoint the person(s), estate, or trust named below as the designated beneficiary(ies) of my TRS account. In the event of my death, I authorize and direct the Retirement Board to pay named beneficiary(ies) as designated. I understand the named beneficiary(ies) may be eligible to elect to receive a lump-sum refund of the accumulated account balance or a monthly retirement benefit as provided by §19-20-1001, MCA. If joint beneficiaries are named below to share equally and any should not survive me, I direct the Retirement Board to pay said amount in equal shares to the surviving joint beneficiaries and to pay the total amount to the surviving beneficiary should only one of the joint beneficiaries named survive me. I reserve the right to change my beneficiary(ies) at any time by filing, with the Retirement Board, written notice of such change on the form provided by the Retirement Board for that purpose. I understand that this designation of beneficiary(ies) will be canceled by the withdrawal of my account.

(Member's Signature)

(Date)

TO BE COMPLETED BY A NOTARY PUBLIC:

Signed and sworn to, before me, this ____ day of _____ 20____; by name of person appearing before the Notary Public.

(Signature of Notary Public)

(Typed, Stamped or Printed Name of Notary)

(SEAL)

Notary Public for the State of: _____

Residing at: _____

My Commission Expires: _____

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992,
ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST.